

#### Campaign Finance Section Certification of Intention Municipal Candidates Only (Except City of Wilmington)

#### Title 15, Section 7555 of the Delaware Code: Candidate for Municipal Election

A candidate for municipal office (except City of Wilmington) shall file a Certificate of Intention or a Statement of Organization establishing a campaign committee with the Commissioner of Elections no later than seven (7) days after declaring his candidacy. A Certificate of Intention is submitted by a candidate when the yearly salary for the office for which he has filed a Declaration of Candidacy is less than \$1,000 or who does not intend to receive more than \$2,000 in contributions or expend more than \$2000 for campaign expenses during the campaign pursuant to § 7555 Title 15 of the Delaware Code.

If the campaign subsequently receives or expends more than \$2,000 (including any contributions or expenditures by the Candidate), the candidate must notify the Office of the State Election Commissioner within seven days of the receipt or expenditure which brings the total to more than \$2,000. The Candidate must then form a Committee and file all required reports with the Campaign Finance Section of the Office of the State Election Commissioner.

STA	TEMENT
With this Certification of Intention, I,	TYPE OR PRINT CANDIDATE'S FULL LEGAL NAME
as a candidate for the office of	NAME OF OFFICE
for	, hereby certify under penalty of perjury,
	000 and I will comply with and adhere to the provisions code as they pertain to my tenure. I also certify that all
CANDIDATE SIGNATURE	DATE
ADDRESS	PHONE NUMBER

Certification of Intention-Mun (01/07)



# CANDIDATE FILING FORM AND NOMINEES CERTIFICATION OF ELIGIBILITY TO SERVE ON THE TOWN COUNCIL OF FENWICK ISLAND, DELAWARE

Fill out statement (1) or (2) below, whichever is applicable to you.

(1)	RESIDENT:	
	Ι,	(NAME),
of		(ADDRESS), council of Fenwick Island, hereby state that I am a
natural p	person, a citizen of the United	I States, a resident of the Town of Fenwick Island, TE), and am or will be twenty-one (21) years of age
on or be	fore the date of the election,	I have no other voting residency for municipal
elections	s and that I have been qualifie	ed to vote in the Town of Fenwick Island, Delaware
	The state of the s	ion for which I am nominated. I am registered to
vote pur	suant to Town regulations	
(O)	NON REGIDENT PROP	CDTV OVALED
(2)	NON-RESIDENT PROPI	ERTY OWNER:
	I,	(NAME),
Ot		(ADDRESS),
OI	as for alastian to the Town (	Council of Fenwick Island, hereby state that I am a
		States, a property owner in the Town of Fenwick
		wenty-one (21) years of age on or before the date of
		lified to vote in the Town of Fenwick Island,
		the election for which I am nominated. I am a
		town of Fenwick Island, Delaware, as shown on
		and Lot #(s) in the latest Sussex County
Assessn	nent Office. I am registered t	o vote pursuant to Town regulations.

Signed and certified on this the	day of	, 20
	(Signa	ature of nominee)
State of		
County of		
Be it remembered, that on the day and personally appeared before me, a Not acknowledged that the above signature	tary Public of the afor	resaid State and County, and
	(Nota	ry Public) (seal)
My Commission expires		



#### Campaign Finance Section Statement of Organization Municipal Candidates (non Wilmington)

In order to register with the Campaign Finance Section of the Office of the State Election Commissioner, you must complete a Statement of Organization. If any information for your organization changes, you must complete an amended Statement of Organization and submit it to the Campaign Finance Section.

□ NEW	☐ AMENDED	DATE OF ORIGINATION:				
ORGANI	ZATIONAL DATA	A				
Full Organi	zation Name:					
Other name	e(s):					
	auccessor committee, eceding committee:					
Physical Ac	ddress:		спу	STATE	ZUP	
Mailing Ad	Idress:		СПУ	STATE	ZIP	
Contact Inf	formation:	PHONE	FA	X NUMBER		
EMAII	ADDRESS		W	EB ADDRESS		

# Statement of Purpose: If this is a subcommittee, please list the main organization name and account number; ACCOUNT NUMBER Please list the names and account numbers of all subcommittees associated with your organization: ACCOUNT NUMBER NAME ACCOUNT NUMBER NAME ACCOUNT NUMBER NAME CANDIDATE DATA Full Legal Name of Candidate: Other name(s): County of Residence: Date of Birth: Physical Home Address: ZIP STATE STREET Mailing Address: ZIP СПҮ STATE STREET

ORGANIZATIONAL DATA (Continued)

## CANDIDATE DATA (Continued)

WORK PHONE		HOME PHONE		
CELL PHONE			FAX NUMBER	
EMAIL ADDRESS			WEB ADDRESS	
Office Sought:				
OFFICER DATA				
Name of Treasurer:				
Name of Treasurer.				
Physical Home Address:				
	STREET	СПҮ	STATE	ZIP
Mailing Address:				
	STREET	СПУ	STATE	ZIP
Contact Information:				
	WORK PHONE		HOME PHONE	
CELL PHONE			FAX NUMBER	
EMAIL ADDRESS			WEB ADDRESS	
Manager CAR Control				
Name of Alternate Contact:				
Physical Home Address:				
	STREET	СПҮ	STATE	ZIP

### ALTERNATE CONTACT(Continued)

Mailing Address:				
STREET		CITY	STATE	ZIP
Contact Information:				
WORK PHONE		HOM	IE PHONE	
CELL PHONE			FAX NUMBE	ER.
EMAIL ADDRESS		WEB ADDRESS		
I authorize that all information included in this Sta	atement of Organization	is accurate	and correct	. I agree to
abide by all rules and regulations regarding Campa	aign Finance and the elec	ction proce	ess in the Sta	ate of
Delaware. I understand that the Office of the State	Election Commissioner	will perfo	rm periodic	audits of all
information provided by the candidate and treasure	er listed on this report as	well as ot	her officers	of my
organization. I understand that all advertising sign	s must comply with the l	Delaware l	DOT Sign L	aw.
TREASURER SIGNATURE			DATE	
CANDIDATE SIGNATURE			DATE	